



### AUTHORIZATION FOR DIRECT PAYMENT

Please enter the information directly into the form. Print a copy, sign where indicated and mail to: Augustana University, Business Office, 2001 S Summit Avenue, Sioux Falls, SD 57197. If you prefer you may fax the completed form to (605) 274-4450. Please do not email this form. Once the form is received and the monthly payment amount is calculated you will receive an email to confirm the amount of the monthly payments. This amount will then be charged to the bank account designated each month.

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(ZIP Code)

\_\_\_\_\_  
(Account Holder Name - please print)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Account Holder Address - please print)

\_\_\_\_\_  
(Email Address)

\_\_\_\_\_  
Last 4 digits of account

Checking Savings

Pay Date 1st 15th  
(Please choose one)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Your signature above authorizes that the information you provided on this form to be used for creation of an ACH charge to the account listed below. You affirm that the information you provided is correct, that you are a signer on the account above and there are available funds to cover the amount of all future transactions. You also acknowledge the \$75 ACH plan fee and are aware that NSF fees will be imposed on any returned ACH payments.

**AUTHORIZATION FOR DIRECT PAYMENT - CONTINUED**

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

\_\_\_\_\_  
Bank Account No

\_\_\_\_\_  
Financial Institution Routing Number

Please select:

Checking

Savings